| 12                                                                                                                                                                                                                                                    | Jnder the                                                                                                              | Page work Reduction Act of 1995, | no persons are required to respond to a co | ollection of inform     | mation unless it displays a valid OMB control number. |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------|-------------------------|-------------------------------------------------------|--|--|--|--|--|--|--|
| Under the Pab work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nur  PETTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  In re Application of VanBilderbeek, B.H. |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| In re Application of VanBilderbeek, B.H.                                                                                                                                                                                                              |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        |                                  | Application Number 10/721                  | Filed November 24, 2003 |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        |                                  | For CLAMPING WELL CASINGS                  |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        | Į                                | Art Unit 3672 Examiner Jennifer H. Gay     |                         |                                                       |  |  |  |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):                                                                                                                                              |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | $\boxtimes$                                                                                                            | One month (37 CFR 1.             | \$ <u>120.00</u>                           |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        | Two months (37 CFR 1             | \$                                         |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        | Three months (37 CFR             | 1.17(a)(3))                                |                         | \$                                                    |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        | Four months (37 CFR              | 1.17(a)(4))                                | \$                      |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       |                                                                                                                        | Five months (37 CFR              | I.17(a)(5))                                |                         | \$                                                    |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown                                 |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | above is reduced by one-half, and the resulting fee is: \$ 60.00 .  A check in the amount of the fee is enclosed.      |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| $\boxtimes$                                                                                                                                                                                                                                           | A Cite                                                                                                                 | ck in the amount of the          | ee is enclosed.                            |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | Payment by credit card. Form PTO-2038 is attached.                                                                     |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | The Director has already been authorized to charge fees in this application to a Deposit Account.                      |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | or credit any overpayment, to Deposit Account Number <u>10-0096</u> .  I have enclosed a duplicate copy of this sheet. |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71                                                                                                                                                              |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                                                                                                         |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| attorney or agent of record. Registration Number <u>37,456</u>                                                                                                                                                                                        |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| attorney or agent under 37 CFR 1.34(a).                                                                                                                                                                                                               |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| Registration number if acting under 37 CFR 1.34(a)                                                                                                                                                                                                    |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  October 10, 2005                                                    |                                                                                                                        |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| _                                                                                                                                                                                                                                                     |                                                                                                                        | Date                             | _                                          |                         | Signature                                             |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                       | 713-752-4578 Mark A. Tidwell                                                                                           |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |
| _                                                                                                                                                                                                                                                     | Telephone Number Typed or printed name                                                                                 |                                  |                                            |                         |                                                       |  |  |  |  |  |  |  |

Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, repairing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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| Fees pursuant to the                                                                                                                                              | Effective on 1            | Complete if Known                    |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|---------------------------------------------------|-----------------------------|------------------------------------------|--------------|------------------|-------------------|----------------|--|--|--|--|
|                                                                                                                                                                   |                           | Application Number 10                |                                                   | 10/721,443                  |                                          |              |                  |                   |                |  |  |  |  |
| PEE                                                                                                                                                               | TRAN                      | Filing Date                          | Novembe                                           | ember 24, 2003              |                                          |              |                  |                   |                |  |  |  |  |
|                                                                                                                                                                   | For F                     | First Named Inventor Va              |                                                   | VanBilde                    | /anBilderbeek, B.H.                      |              |                  |                   |                |  |  |  |  |
| Applicant cla                                                                                                                                                     | ime emall entity          | status Soc                           | 37 CER 1 27                                       | Examiner N                  | Jennifer I                               | fer H. Gay   |                  |                   |                |  |  |  |  |
| <u> </u>                                                                                                                                                          |                           | Art Unit 3672                        |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| TOTAL AMOUNT                                                                                                                                                      | OF PAYMENT                | Attorney Docket No. 121947.0010.0004 |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                          |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| Check Credit Card Money Order Other (please identify):                                                                                                            |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| Deposit Account Deposit Account Number: 10-0096 Deposit Account Name: Jackson Walker L.L.P.                                                                       |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                            |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee                                                                           |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments                                                                                  |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| information and auti                                                                                                                                              | horization on PTC         |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| FEE CALCULA                                                                                                                                                       |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| 1. BASIC FILIN                                                                                                                                                    |                           | ING FEES                             | MINATION FEES                                     | RCH FEES                    | EYAR                                     | MINATION     | I EEEQ           |                   |                |  |  |  |  |
| A                                                                                                                                                                 |                           | Small                                | Entity                                            | Small Enti                  | ty                                       | <u>Small</u> | <b>Entity</b>    | r                 | oo Boid (ft)   |  |  |  |  |
| Application Ty                                                                                                                                                    |                           |                                      |                                                   |                             | Fee                                      |              | • •              | Fed               | es Paid (\$)   |  |  |  |  |
| Utility                                                                                                                                                           | 300                       |                                      |                                                   | 250                         | 200                                      | _            |                  |                   |                |  |  |  |  |
| Design                                                                                                                                                            | 200                       |                                      |                                                   | 50                          | 130                                      | ·            | -                |                   |                |  |  |  |  |
| Plant                                                                                                                                                             | 200                       |                                      |                                                   | 150                         | 160                                      |              |                  |                   |                |  |  |  |  |
| Reissue                                                                                                                                                           | 300                       |                                      |                                                   | 250                         | 600                                      |              | _                |                   |                |  |  |  |  |
| Provisional                                                                                                                                                       | 200                       | 0 10                                 | 0                                                 | 0                           | (                                        | 0            | 0                |                   |                |  |  |  |  |
| 2. EXCESS CL<br>Fee Description                                                                                                                                   |                           |                                      |                                                   |                             |                                          | <u>F</u>     | ee (\$)          | Small E<br>Fee (  |                |  |  |  |  |
| Each claim o                                                                                                                                                      | ver 20 (includ            |                                      |                                                   |                             |                                          |              | 50               | 2:                | 5              |  |  |  |  |
| •                                                                                                                                                                 |                           | er 3 (inclu                          | ding Reissues)                                    |                             |                                          |              | 200              | 100               |                |  |  |  |  |
|                                                                                                                                                                   | endent claims             | O(=!                                 | Fac. (6)                                          | a Bald (ê)                  |                                          |              | 360<br>ultiple D | 180               |                |  |  |  |  |
| Total Claims                                                                                                                                                      | <u>Extra</u><br>0 or HP = | <u>Claims</u><br>x                   | <u>Fee (\$)                                  </u> | e Paid (\$)                 |                                          |              | ee (\$)          | ependent<br>Fee   | Paid (\$)      |  |  |  |  |
|                                                                                                                                                                   | ber of total claims       |                                      | eater than 20.                                    |                             |                                          | Ξ.           | <u> </u>         | 1.00              | <u> </u>       |  |  |  |  |
| Indep. Claims                                                                                                                                                     | <u>Extra</u>              | Claims                               |                                                   | e Paid (\$)                 |                                          |              |                  |                   | <del>.</del>   |  |  |  |  |
|                                                                                                                                                                   | or HP =                   | X                                    | or, if greater than 3.                            |                             |                                          |              |                  |                   |                |  |  |  |  |
| 3. APPLICATIO                                                                                                                                                     | N SIZE FEE                | •                                    |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                        |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
|                                                                                                                                                                   |                           |                                      | application size for                              |                             |                                          | r small en   | tity) for        | r each ad         | ditional 50    |  |  |  |  |
| sheets or fr<br>Total Sheets                                                                                                                                      |                           | See 35 U<br>Sheets                   | J.S.C. 41(a)(1)(G)<br>Number of ea                | and 37 CFR<br>ch additional | ( 1.16(s).<br><u><b>50 or f</b>racti</u> | on thereof   | Fee              | <del>)</del> (\$) | Fee Paid (\$)  |  |  |  |  |
|                                                                                                                                                                   | - 100 =                   |                                      | 50 =                                              |                             | o a whole n                              |              |                  | =                 |                |  |  |  |  |
| 4. OTHER FEE(                                                                                                                                                     |                           | 0130.0                               | (                                                 | (                           |                                          |              |                  |                   | Fees Paid (\$) |  |  |  |  |
| Non-English Specification \$130 fee (no small entity discount)                                                                                                    |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| Other (e.g., late filing/syficharge): Polition of One-Month Extension of Time Under 37 CFR 1.136(a) 60.00                                                         |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| SUBMITTED BY                                                                                                                                                      |                           |                                      |                                                   |                             |                                          |              |                  |                   |                |  |  |  |  |
| Signature Registration No. 37,456 Telephone 713-752-4578                                                                                                          |                           |                                      |                                                   |                             |                                          |              |                  |                   | 52-4578        |  |  |  |  |
| Name (Print/Type) I                                                                                                                                               | Mark A Tidwell            | •                                    |                                                   |                             |                                          |              | Date O           | ctober 10,        | , 2005         |  |  |  |  |

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